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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N34622

(3)

MACEDONIA	DOM NATION	DADTIOT	ALHIBALL	INIO
MACEDONIA	PHIMILIVE	DAPHOL	UNUKUK.	INU.

Principal Place	of Business	Mailing Address			IIDI EIDIK ALDIK AIDII AIDII BEDIK DIDIK 1881
1240 NORTH LAKELAND FL	OHIO AVENUE L 33805	1240 NORTH OHIO A LAKELAND FL 33805	VENUE		
				3. Date Incorporated or Qualified 10/10/1989	3a. Date of Last Report 05/16/1995
	ace of Business	2a. Mailing Address		4. FEI Number 59-2738171	Applied For
1 Suite, Apt. :	# eta	26 Suite, Apt. #, etc.		39 2730171	Not Applicable \$8.75 Additional
30(E, Apr.)	#, etc	27		5. Certificate of Status Desired	Fee Required
City & State	2	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Ziρ n	Country	Zip	Country	8. This corporation has liability for in	
,]	25	29 Current Registered Agent	[30]	Florida Statutes L 10. Name and Address of New Re	Yes No
	9. Name and Address of	Corrent negistered Agent	81 Name	TO. Italia and Address of New He	Biotolea Mail
DELL IV	/NWOOD				
	ST POLLOCK ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptable	0)
	ND FL 33813		83		
Dutebu	10 1 2 000 10				
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 61	17.0502 and 617.1508, Florida State	utes the above-named corpo	oration submits this statement for the purp	
or register	ed agent, of both, in the State	of Fiorida. Such Phange was author of Section 647 0503. Bhagas Statut	ized by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	intment as registered agent. I am
					1100//1
	MANION	(1/X 1/87/1)	/		/ 10×1/760
	Straight types or printed name of register		NOTE - Registareo Agent signature réquire		105//7(O)
GNATURE .	Signally typical or printed name of register		<		1051/7 (C)
GNATIORE .	Signally typical or printed name of register	erect agent and tile if aucocable (f	NOTE: Registered Agent signature require	oct when rainstating)	1051/7 (C)
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IGNATURE	PD BELL, LYNWOOD 1902 E POLLOCK RD.	res apet and the diagonable (I	NOTE-Projectoreo Agent signature requiri 13.	oct when rainstating)	DATE DERS AND DIRECTORS IN 12
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SOMMIC OFFICER OR DIRECTOR

39/96 (71) 3353309

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